


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 18, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # S61607**


1. Entity Name  
 EDWARDS INVESTMENTS OF MANATEE COUNTY, INC.



Principal Place of Business  
 1225 9TH STREET WEST  
 BRADENTON, FL 34205

Mailing Address  
 1225 9TH STREET WEST  
 BRADENTON, FL 34205

**DO NOT WRITE IN THIS SPACE**



02232006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0275242	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CUNNINGHAM, PATRICK R.  
 3008 MANATEE AVENUE WEST  
 BRADENTON, FL 34205

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDWARDS, WILLIAM H. 217 66TH AVE DR WEST BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EDWARDS, A. R. 908 59TH ST. N.W. BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EDWARDS, ALICE 908 59TH ST. N.W. BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, LARRY D 4620 RIVERVIEW BLVD. BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, LARRY D. 4620 RIVERVIEW BLVD BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000564722  
 05/20/06-80087-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  \_\_\_\_\_ **May 10, 2006** **941-747-4645**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #